

**APPLICATION FOR UNITED STATES PATENT
DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEMS AND METHODS FOR AUTHORIZING A MEDIA PRESENTATION

described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

Mark Costello	Reg. No. 31,342;	Elizabeth F. Harasek	Reg. No. 28,850;
Ronald F. Chapuran	Reg. No. 26,402;	Eugene O. Palazzo	Reg. No. 20,881;
Kevin R. Kepner	Reg. No. 32,145;	Mario A. Costantino	Reg. No. 33,565;
Nola Mae McBain	Reg. No. 35,782;	Stephen J. Roe	Reg. No. 34,463;
James A. Oliff	Reg. No. 27,075;	Joel S. Armstrong	Reg. No. 36,430;
William P. Berridge	Reg. No. 30,024;	Christopher W. Brown	Reg. No. 38,025;
Kirk M. Hudson	Reg. No. 27,562;	Richard E. Rice	Reg. No. 31,560;
Thomas J. Pardini	Reg. No. 30,411;	Paul Tsou	Reg. No. 37,956; and
Edward P. Walker	Reg. No. 31,450;	Eric D. Morehouse	Reg. No. 38,565.
Robert A. Miller	Reg. No. 32,771;		

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name
of First or Sole Inventor**

Qiong		LIU
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

Qiong Liu

3 ****DATE OF SIGNATURE:**

12	19	2003
Month	Day	Year

Residence:	Milpitas	CA	USA
	City	State or Province	Country

Citizenship: P.R. China

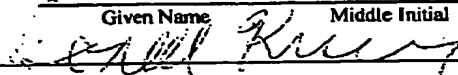
Post Office Address:
(Insert complete
mailing address,
including country) 44 Jacklin Place
Milpitas, CA 95035, USA

***This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.**

****Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.**


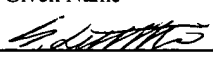
IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Page 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

1	Typewritten Full Name of Second Joint Inventor (if any)	<u>Donald</u>	<u></u>	<u>KIMBER</u>
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:	<u>Jan</u>	<u>13</u>	<u>2004</u>
		Month	Day	Year
	Residence:	<u>Foster City</u>	<u>CA</u>	<u>USA</u>
		City	State or Province	Country
	Citizenship:	<u>USA</u>		
	Post Office Address: (Insert complete mailing address, including country)	<u>1431 Beach Park Blvd., Suite 202</u>		
		<u>Foster City, CA 94404-1961, USA</u>		
1	Typewritten Full Name of Third Joint Inventor (if any)	<u>Patrick</u>	<u></u>	<u>CHIU</u>
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:	<u></u>		
3	**DATE OF SIGNATURE:	<u></u>	<u></u>	<u></u>
		Month	Day	Year
	Residence:	<u>Menlo Park</u>	<u>CA</u>	<u>USA</u>
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	Post Office Address: (Insert complete mailing address, including country)	<u>564 University Dr., Apt. 3</u>		
		<u>Menlo Park, CA 94025, USA</u>		
1	Typewritten Full Name of Fourth Joint Inventor (if any)	<u>Surapong</u>	<u></u>	<u>LETSITHICHA</u>
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:	<u></u>		
3	**DATE OF SIGNATURE:	<u></u>	<u></u>	<u></u>
		Month	Day	Year
	Residence:	<u>Mountain View</u>	<u>CA</u>	<u>USA</u>
		City	State or Province	Country
	Citizenship:	<u>Thailand</u>		
	Post Office Address: (Insert complete mailing address, including country)	<u>2101 California #109</u>		
		<u>Mountain View, CA 94040, USA</u>		
1	Typewritten Full Name of Fifth Joint Inventor (if any)	<u>Chunyuan</u>	<u></u>	<u>LIAO</u>
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:	<u></u>		
3	**DATE OF SIGNATURE:	<u></u>	<u></u>	<u></u>
		Month	Day	Year
	Residence:	<u>Adelphi</u>	<u>MD</u>	<u>USA</u>
		City	State or Province	Country
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	Post Office Address: (Insert complete mailing address, including country)	<u>1810 Metzgerott Road, Apt. 42</u>		
		<u>Adelphi, MD 20783, USA</u>		

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing. This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

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1	Typewritten Full Name of Second Joint Inventor (if any)	Donald		KIMBER
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:			
		Month	Day	Year
	Residence:	Foster City	CA	USA
		City	State or Province	Country
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1	Typewritten Full Name of Third Joint Inventor (if any)	Patrick		CHIU
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:	12	19	2003
		Month	Day	Year
	Residence:	Menlo Park	CA	USA
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	Citizenship:	USA		
	Post Office Address: (Insert complete mailing address, including country)	564 University Dr., Apt. 3 Menlo Park, CA 94025, USA		
1	Typewritten Full Name of Fourth Joint Inventor (if any)	Surapong		LERTSITHICHA
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:	12	19	2003
		Month	Day	Year
	Residence:	Mountain View	CA	USA
		City	State or Province	Country
	Citizenship:	Thailand		
	Post Office Address: (Insert complete mailing address, including country)	2101 California #109 Mountain View, CA 94040, USA		
1	Typewritten Full Name of Fifth Joint Inventor (if any)	Chunyuan		LIAO
		Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:			
3	**DATE OF SIGNATURE:			
		Month	Day	Year
	Residence:	Adelphi	MD	USA
		City	State or Province	Country
	Citizenship:	China		
	Post Office Address: (Insert complete mailing address, including country)	1810 Metzert Road, Apt. 42 Adelphi, MD 20783, USA		

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	Donald		KIMBER
	Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:		
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Citizenship:	USA		
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1	<i>Typewritten Full Name of Third Joint Inventor (if any)</i>		
	Patrick		CHIU
	Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:		
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			Year
Residence:	Menlo Park	CA	USA
	City	State or Province	Country
Citizenship:	USA		
	Post Office Address: (Insert complete mailing address, including country)		
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1	<i>Typewritten Full Name of Fourth Joint Inventor (if any)</i>		
	Surapong		LETSITHICHAI
	Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:		
3	**DATE OF SIGNATURE:		
		Month	Day
			Year
Residence:	Mountain View	CA	USA
	City	State or Province	Country
Citizenship:	Thailand		
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	2101 California #109		
	Mountain View, CA 94040, USA		
1	<i>Typewritten Full Name of Fifth Joint Inventor (if any)</i>		
	Chunyuan		LIAO
	Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:		
3	**DATE OF SIGNATURE:		
		Month	Day
			Year
Residence:	Adelphi	MD	USA
	City	State or Province	Country
Citizenship:	China		
	Post Office Address: (Insert complete mailing address, including country)		
	1810 Metzgeron Road, Apt. 42		
	Adelphi, MD 20783, USA		

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1 **Typewritten Full Name
of Sixth Joint Inventor (if any)**

Hangjin		ZHANG
Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

<i>Hangjin</i>	<i>Zhang</i>	
----------------	--------------	--

3 ****DATE OF SIGNATURE:**

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Month	Day	Year

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City	State or Province	Country

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1 **Typewritten Full Name
of Seventh Joint Inventor (if any)**

Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

--	--	--

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence:

City	State or Province	Country

Citizenship:
Post Office Address:
(Insert complete mailing address, including country)

1 **Typewritten Full Name
of Eighth Joint Inventor (if any)**

Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

--	--	--

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence:

City	State or Province	Country

Citizenship:
Post Office Address:
(Insert complete mailing address, including country)

1 **Typewritten Full Name
of Ninth Joint Inventor (if any)**

Given Name	Middle Initial	Family Name

2 ****INVENTOR'S SIGNATURE:**

--	--	--

3 ****DATE OF SIGNATURE:**

Month	Day	Year

Residence:

City	State or Province	Country

Citizenship:
Post Office Address:
(Insert complete mailing address, including country)

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